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22504 7590 03/25/2002

DAVIS WRIGHT TREMAINE, LLP
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Kay Bulen	(Depositor's name)
<i>Kay Bulen</i>	(Signature)
April 2, 2002	(Date)

04/12/2002 TTRM2 00000058 09620155

01 FC:242
02 FC:561

640.00 BP
15.00 BP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/630,155	07/31/2000	Joni Kristin Doherty	49321-28A10	8230

TITLE OF INVENTION: HER-2 BINDING ANTAGONISTS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
7	nonprovisional	YES	\$640	\$0	\$640	06/25/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUNT, JENNIFER ELIZABETH	1642	435-007230

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Barry L. Davison
1 Davis Wright
2 Tremaine LLP
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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OREGON HEALTH & SCIENCE UNIVERSITY

Portland, Oregon

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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(Authorized Signature) Barry L. Davison (Date) 02 April 2002
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Barry L. Davison

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